Non-Credit Course Proposal

Name

First

Last

Date

Email

Phone

Address

City

State

Zip Code

Course Title:

Course Description:

Course Objectives/
Student Outcomes:
Non-Credit Course Proposal

Special Skills / Levels of Experience
Please specify special skills or experience (suggested or required) for participants to take this course. Include minimum age requirement.

SCHEDULING
Number of hours (total): ____________ Number of Sessions: ____________

Preferred Meeting Days/Nights:

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<th>Days</th>
<th>Nights</th>
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Proposed time/date(s) for course: _______________________________________

Preferred Class Size: Min: ____________ Max: ____________

SUPPLIES/MATERIALS
Materials, AV, textbooks, facilities, etc., please keep in mind that photocopying of handouts will be done by our office.

INSTRUCTOR BIO
(i.e: Owner, ABC Company, Horticulturist; Commercial Photographer, include qualifications and/or resume.)